

Complaint Form
to
Arkansas Board of Examiners in Counseling
Please Type or Print

Date: _____

COMPLAINANT INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone-Daytime: _____ **Phone-Evening:** _____

Email: _____

LICENSEE INFORMATION

Licensed Associate Counselor _____ Licensed Professional Counselor _____ Licensed Associate Marriage & Family
Therapist _____ Licensed Marriage & Family Therapist _____

Name: _____ **License Number:** _____

Business Name/Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____

Please type or print your allegation on a separate sheet(s) and attach all documentation and items concerning the complaint to this form. Please state, in your own words the allegations of fact, naming the Counselor or Marriage and Family Therapist against whom the complaint is filed. Please include dates of appointments, meetings, etc. If you have reviewed the applicable ethical principles and standards, please indicate which specific sections you believe were violated by any facts you recite. If you have any documents (such as reports, billing records, etc.) that are pertinent to your complaint, please include them when you return this form to:

Arkansas Board of Examiners in Counseling
Attention: Complaints
P. O. Box 70
Magnolia, AR 71754-0070